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Aughton Surgery



"I was shocked to find I was using my inhaler wrong. I won't do it like that anymore!"



Our Challenge

Aughton General Practice is in semi-rural Lancashire and supports 6,000 people. Maggi Bradley, the general practice nurse (GPN) had already run face to face group clinics and found them rewarding. When COVID hit, she wanted to switch to video group clinics (VGCs). Despite concerns about whether patients would get to grips with technology, she decided to give video asthma reviews a go because people no longer wanted to attend reviews in the surgery and were worried about being high risk if they caught COVID because of their asthma.

Our Group Clinic Design

The asthma VGC followed the tried and tested flow, provided in VGC training. The team invited everyone who was due an asthma review to attend a video group asthma review. Maggi was supported by her facilitator Craig Williams who works as an administrator. The team designed their discussion board around Royal College of Physicians (RCP) three questions and the Asthma Control Test. Both were sent out via AccuRx before the VGC. The team also asked how many blue inhalers people had used in the past 12 months and compared this in the VGC with the number ordered on repeat prescription. They also asked about oral steroids used over that time. On the day, the team supported participants to co-create an updated asthma care plan and sent them a copy as follow up. The team explored inhaler technique by inviting people to demonstrate their technique, with peers providing feedback and support.

Discussion Board

In the last month have you:

- had difficulty sleeping due to symptoms?
- had asthma symptoms during the day?
- found asthma interfering with activities?
- medication use

What Changed & Improved? Efficiency and Access

- Prior to running VGCs, Maggi spent 20-30 minutes 1:1 with every person. Now she reviews and support 6-8 people in the 60 minute VGC; an efficiency gain of 80%
- People who would not have attended 1:1 reviews because of inconvenience attended VGCs during working hours
- Inhaler use discussion has led to people reducing requests for blue inhalers, which saves money and reduces medicine wastage
- People who did not have their inhaler could retrieve it easily at home and participate in inhaler technique review and benefit from this

Clinical Impact

- Quality of care remained consistent
- There was no risk of participants catching COVID
- People learnt about asthma management from peers as well as GPN
- People learnt good inhaler technique and could improve e.g. after a seeing a peer's technique, a 20 year old man realised, without fear of judgement, that he was doing it wrong and saw how to improve. He would not have discovered this in a one to one

Psycho Social Impact

People gain a lot from meeting others and learning how they manage their condition. Peer learning in QOF review is a powerful driver of behaviour change

Experience of Care

- As soon as people come on screen, they connect because they have something in common. The camaraderie is infectious
- People are able and willing to use technology regardless of age, gender, socio-economic status and find it easy
- People are keen to continue with video after COVID because they can join from work T
- The team (GPN and facilitator) found delivering VGCs joyful and extremely rewarding - Maggi has developed as a GPN leader and recently won a TOPOL Fellowship



"Approach it as if you were face to face. You just get better and better the more you do it"



GPN